

CHAPTER 5

SERVICE PROCEDURES

Service Coordination providers contracted by SCDDSN are subject to the agency's Service Coordination Standards. These standards comply with SCDHHS requirements for Medicaid Targeted Case Management and with HCBS Waiver quality performance measures related to Level of Care, Service Plan, and Health and Welfare. The standards and required procedures are reflected in the *SCDDSN Service Coordination Manual*.

This can be accessed on the SCDDSN website: www.ddsn.sc.gov >Home >About DDSN >Directives and Standards >Current DDSN Standards >Service Coordination Standards.

See Chapter 7 for annual Key Indicators for HASCI Waiver quality performance measures.

The Service Coordinator is responsible to arrange for a person's enrollment in the HASCI Waiver program and to assist a participant or legal guardian in selecting appropriate HASCI Waiver services and qualified service providers. The Service Coordinator is responsible to arrange for the services, authorize selected providers to deliver the services, perform ongoing monitoring of the services, and modify, suspend, or terminate the services when necessary.

Selection of HASCI Waiver Services and Providers

HASCI Waiver services must address specific assessed needs of the participant. Prior to HASCI Waiver enrollment, and subsequently during annual or other updates of the Support Plan, the Service Coordinator must review with the person or legal guardian the HASCI Waiver services available to address the participant's documented needs. The Service Coordinator will assist the person or legal guardian to select appropriate services and service options.

A HASCI Waiver participant or legal guardian has the right to investigate, contact, and choose service providers from among available qualified providers. If requested, the Service Coordinator can assist in identifying qualified providers for the participant or legal guardian to consider.

There is a Provider/Service Directory on the SCDDSN website to assist in finding a qualified provider that is contracted by the agency. It can be accessed at www.ddsn.sc.gov >Home >Consumers and Families >Finding a Qualified Service Provider >Provider/Service Directory.

There is also a tool on the SCDHHS website to assist in finding a qualified provider that is enrolled with the State Medicaid Agency. This includes providers of services through the Medicaid State Plan as well as HCBS Waiver programs. It can be accessed at www.scdhhs.gov >Home >For Providers >Enrolled Provider >Search for Providers.

Choice of providers must be offered whenever a HASCI Waiver service is initiated or changed. The Service Coordinator must document in Services Notes that the person or legal guardian was informed of services and service options available through the HASCI Waiver and was offered a choice among available qualified service providers.

If a HASCI Waiver service that is identified to address a need is refused, the Service Coordinator must discuss with the person or legal guardian the risks associated with refusing the service and other options available. Refusal of a service and discussion of associated risks and other options must be documented in a Service Note.

If no available qualified provider can be identified for a service needed by a HASCI Waiver participant, the Service Coordinator must document this in Service Notes. Documentation must specify efforts made to locate a qualified provider. A quarterly HASCI Waiver Provider Unavailability Report must be submitted to SCDDSN.

Justifying Services in the Support Plan

Each service provided through the HASCI Waiver must address a specified need that is documented in the participant's Support Plan. All needs identified in the Support Plan must be justified by formal or informal assessment information. This includes the Service Coordination Annual Assessment (SCAA), as well as well as new or updated information outside of annual planning that is documented in Service Notes. Formal/informal assessments may also include information/reports in the participant's record that were provided by the person or legal guardian, caregivers, medical professionals, schools, and past/current service providers.

Before any HASCI Waiver service can be authorized, the Service Coordinator must complete or update the person's Support Plan to document appropriate justification. The Support Plan must identify all of the person's needs, including those outside the scope of the HASCI Waiver. All identified needs must be addressed to the extent possible, regardless of availability of resources/funding. This must include needs for medical care and access to health care providers. All designated interventions/services/resources in the Support Plan must be appropriate to address identified needs.

For each HASCI Waiver service, the participant's Support Plan must document:

- Correct name of the service as in the HASCI Waiver document (Chapter 2).
- Frequency and duration of the service
- Amount of actual or projected service units
- Type of qualified service provider(s) selected

At all times, a HASCI Waiver participant's Support Plan must be consistent with a corresponding Waiver budget in the SCDDSN Waiver Tracking System (WTS), corresponding services reported in the SCDDSN Service Tracking system (STS), and corresponding service authorizations issued to providers.

Budgeting HASCI Waiver Services

All HASCI Waiver budgets must be keyed into the SCDDSN Waiver Tracking System (WTS) prior to authorizing any services to providers. For information on how to use WTS, refer to *Waiver Tracking System Procedures* in Chapter 7.

Initial Waiver Budget

- The Service Coordinator must enter the initial budget into WTS while the person is still showing as "Pending" enrollment. The budget is calculated for the remainder of the state fiscal year.
- The Service Coordinator must enter comments into WTS (BDCOM screen) justifying the need for all Waiver services. *For example, information about type/severity injury and level of care determination can be entered.*
- After the initial budget and comments are entered into WTS, the Service Coordinator must notify the HASCI Division by telephone, e-mail, or fax.
- Staff in the HASCI Division will review the budget and notify the Service Coordinator by E-mail, telephone, or fax when approval or denial has been entered into WTS.
- Following approval of the initial Waiver budget, HASCI Division staff will complete the HASCI Waiver enrollment process with SCDHHS, change the person to "Enrolled" in WTS, and notify the Service Coordinator by telephone, e-mail, or fax.

Annual Waiver Budget

- HASCI Waiver budgets are approved for each state fiscal year (7/1-6/30). Each year in June, the WTS will "roll over" the previous year's budgets on a date announced in advance by SCDDSN fiscal staff.

Prior to the "roll over" date, the Service Coordinator must review the budget for each participant enrolled in the HASCI Waiver and revise it as necessary to reflect service projections for the upcoming state fiscal year.

- The Service Coordinator must enter comments into the Waiver Tracking System (BDCOM screen) justifying the need for all Waiver services.

- The participant's Support Plan must also be updated to reflect the service amounts for the new fiscal year including the correct name of each service, the frequency and duration of each service, and the type of provider(s) for each service.

Budget Revision

- Revision to a HASCI Waiver participant's initial or annual HASCI Waiver budget in WTS must be made any time that there is a change in services. Changes may include: addition of a new service, termination of a service, and reduction or increase in total number of units of a service.
- For service reduction or termination, excess or unused units must be deleted from the budget.
- The participant's Support Plan must also be updated so that services correspond to any revisions in the Waiver budget.

Service Tracking System

Each HASCI Waiver service and its start date must be keyed into the participant's record on the SCDDSN Service Tracking System (STS) prior to authorizing service providers. For information on how to use STS, refer to the *STS Reference Manual*. *It can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10 >STS Reference Manual*

Residential Habilitation, Day Activity, Career Preparation, and Employment Services must identify the HASCI Waiver as the source of funding.

STS must be updated as necessary to reflect all current services provided through the HASCI Waiver.

Service Authorization

All services provided through the HASCI Waiver must be prior authorized by the participant's Service Coordinator. A designated form (HASCI Form 12) is used for authorization of HASCI Waiver services (See *Chapter 6*).

Each HASCI Form 12 authorizes a qualified provider (agency, company, or individual) to provide a specific HASCI Waiver service to a participant, authorizes the maximum number of service units that can be provided, and authorizes Medicaid payment for the service.

Although each HASCI Form 12 is specific to a service, there are requirements for prior authorization that apply to all HASCI Waiver services:

- Service authorization must be completed and sent to the provider on or before the “start date” indicated for the service.
- Unless an “end date” is indicated, the service authorization remains in effect until the service is modified with a new HASCI Form 12 sent to the provider or the service is ended with a *Notice of Service Termination* (HASCI Form 11) or *Notice of Suspension of Service* (HASCI Form 11B) sent to the provider.
- HASCI Form 11 and HASCI form 11B must always specify an end date.
- Each HASCI Form 12 nullifies any previous authorization that was sent to a particular provider for the designated service. For this reason, the Service Coordinator must use caution when authorizing additional units or short-term term services to be certain that all service units are incorporated into the new authorization.

Example: A participant receiving 25 hours per week of AC/PAS needs an additional 5 hours per week for an estimated 3 week period. The Service Coordinator must send a new authorization for AC/PAS to the provider indicating a new start date for 30 hours per week. To return to 25 hours per week, a new authorization for AC/PAS must be sent to the provider indicating a new start date for 25 hours per week.

Board-billed vs. Direct-billed Services

Each HASCI Waiver service (Chapter 6) indicates all qualified providers of the service and if a provider type is eligible for Board-billed or Direct-billed services.

Board-billed services are billed to the participant’s SCDDSN Financial Manager agency) which reports these to SCDDSN and receives payment from SCDDSN. *SCDDSN subsequently bills and receives FFP reimbursement from the State Medicaid Agency, South Carolina Department of Health and Human Services.*

- If the SCDDSN Financial Manager agency employs or contracts personnel for a HASCI Waiver service or contracts for the service with an agency or business that is not enrolled with the State Medicaid agency, it is responsible to confirm and document the required provider qualifications. It is also responsible to obtain and maintain documentation that billed services were provided as authorized and as reported to SCDDSN.

Direct-billed services are billed by the provider directly to the State Medicaid Agency, South Carolina Department of Health and Human Services (SCDHHS)

- If a provider of a HASCI Waiver service is enrolled with SCDHHS, the service must be Direct-billed to Medicaid; it cannot be Board-billed.

Each HASCI Form 12 requires the Service Coordinator to indicate whether the service must be Board-billed or Direct-billed.

- If the service is Board-billed to the participant's SCDDSN Financial Manager agency, no prior authorization number is required on the HASCI Form 12.

The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.*

- If the service is Direct-billed to Medicaid (SCDHHS), a prior authorization number must be included on the HASCI Form 12.

A specific prior authorization number must be assigned to each HASCI Waiver participant by the participant's SCDDSN Financial Manager agency. The same prior authorization number must be used to authorize all of the participant's HASCI Waiver services that are Direct-billed to Medicaid. The provider is responsible to determine and follow SCDHHS billing procedures.

Prior authorization numbers for HASCI Waiver participants begin with "HC", followed by the code of the participant's SCDDSN Financial Manager agency, followed by a three-digit number identifying the participant.

Emergency Service Authorization

An emergency situation is when the health and/or safety of a HASCI Waiver participant is in serious jeopardy and immediate action is required. The circumstances could not have been reasonably anticipated to allow ordinary service authorization procedures. Expedited authorization of one or more HASCI Waiver services is necessary.

Emergency service authorization allows the Service Coordinator or Supervisor to send authorization to a provider before updating the participant's Support Plan, revising the Waiver budget on WTS, and updating services on STS if needed. The Service Coordinator or Supervisor must complete these procedures as soon as possible, but no more than 10 business days after emergency authorization.

Whenever there is emergency service authorization, the Service Coordinator or Supervisor must document details of the emergency situation in a Service Note. This must include explanation why ordinary service authorization procedures could not be followed.

Approval from the HASCI Division for emergency service authorization is required only for those HASCI Waiver services or service units/costs that always require HASCI Division approval.

If HASCI Division approval for emergency service authorization is required, the Service Coordinator or Supervisor must fax a completed *Request for Emergency Authorization* (HASCI Form 14) to the HASCI Division. HASCI Division staff will return the form by fax with approval or disapproval indicated. Approval may be given by telephone or e-mail if there will be delay in returning the form. Receipt of HASCI Division approval or disapproval must be documented in a Service Note. A copy of the HASCI Form 14 must be maintained in the participant's file.

Services or service units/costs routinely approved at the Service Coordination provider level do not require approval from the HASCI Division for emergency service authorization. The provider can establish its own procedures, so long as the participant's Support Plan is updated, the Waiver budget is revised on WTS, and services are updated on STS if needed as soon as possible, but no more than 10 business days after emergency authorization.

Monitorship of HASCI Waiver Services

The Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized and consistent with the service definition,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Review of the participant's Support Plan as often as needed, but at least every six (6) months (180 days),
- Contact with the participant and/or representative within two (2) weeks after beginning a service or beginning with a new provider of a service
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services,
- Contact with the participant and/or representative at least bi-monthly (every other month) and
- Face-to-face visit with the participant at least every six (6) months (180 days)

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Service Notes.

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased or reduced units, change of provider, or change to a more appropriate service.

One-Time Services

- For any one-time service or item that costs less than \$1500, the Service Coordinator must contact the participant within two weeks of receipt of the service or item. During the contact, the Service Coordinator must confirm that the service or item was received as authorized, that the service or item was useful and effective, and that the participant or legal guardian is satisfied.
- For any one-time service that costs \$1500 or more, the Service Coordinator must make an onsite visit within two (2) weeks of receipt of the service. The Service Coordinator must confirm that the service was received as authorized, that the service was useful and effective, and that the participant or legal guardian is satisfied.
- For an item of equipment or assistive technology authorized under Supplies, Equipment and Assistive Technology that costs \$1500 or more, the Service Coordinator must make an on-site visit to view the item and confirm it was provided as authorized. It also must be confirmed that the item is useful and effective and that the participant or legal guardian is satisfied.
- For Environmental Modifications or Private Vehicle Modifications that cost \$1500 or more the Service Coordinator must make an on-site visit within two (2) weeks of completion and before payment is issued to the service provider. The Service Coordinator must view the modifications and confirm they were completed as authorized. It must be confirmed that the modifications are useful and effective and the participant or legal guardian is satisfied.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the person's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget.

Service information in the Service Tracking System (STS) must be updated as necessary.